City of Artesia Application for a Summary/Re-Plat

Type or Print in BLACK or BLUE ink only:		DATE:
1Property Owner's Name 2Property Owner's Name	Address City/State/Zip Phone # Address City/ State/Zip	Flood Zone: Located inside City Limits OR
	Phone #	County 3 miles Jurisdiction
AGENT:	Current Use Required Yard Setbacks (Feet):	CDD (initials)
Address City/ State/Zip Phone #	FrontRearSideStreet Side(Name)	\$25 Application fee
Address and Legal Description of Pro Township/Range)	oposed Area:(Lot/Block/Subdivision, or ¼ ¼ Section-	S U M M
Reason for the Summary or Re-plat:		A R Y
Original Subdivision Name:	FUTURE LAND USE PLAN ResidentialCommercialIndustrialPublic E	
Subdivision filed Date	Park & Open SpaceReligious Institution CemeteryMix Use	
Proposed Plat Name:	Mobile Home HospitalParkingUndete	
	SHADED AREA FOR STAFF ONLY	A
No. of Lots Blocks	Specifications are listed on the Instructional Sheet. All documentation and fees shall be required at the time this application is submitted, unless otherwise noted by Community Development Staff.	
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Property Owner's Signature (s)	Agent's Signature	